

SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

Revised September 2016



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SUSAN M. PAWLUK
2019 APR -2 AM 11:15
STRATFORD TOWN CLERK

REGISTRATION TYPE	1. ELECTION DATE <i>(mm/dd/yyyy)</i>	2. MUNIC <i>(If applicable)</i>
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	11/05/2019	Stratford

File #: 2019-7
04/02/2019 11:15 AM
4 Pages

3. OFFICE OR POSITION SOUGHT

Councilman *(If applicable)*

Susan M. Pawluk, Town Clerk

5. PARTY AFFILIATION

Republican Democratic Other *(Specify)* _____

6. CANDIDATE NAME

First Name	MI	Last Name	Suffix
Christopher	J	Pia	

7. CANDIDATE RESIDENCE ADDRESS

Street Address: 152 Ryegate Terrace

City: Stratford State: CT Zip Code: 06615

8. CANDIDATE MAILING ADDRESS *(If different)*

Address: _____

City: _____ State: _____ Zip Code: _____

9. CANDIDATE TELEPHONE *(Include Area Code)*

(203) 258-3876

10. CANDIDATE EMAIL ADDRESS

plaforcouncil@gmail.com

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page together with either Form 1A, "Registration of Candidate Committee," or Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee. See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE		CANDIDATE NAME	
<input checked="" type="radio"/> Initial	<input type="radio"/> Amendment	Christopher J Pia	
12. COMMITTEE NAME			
Pia for Council			
13. COMMITTEE ADDRESS			
Address			
152 Ryegate Terrace		Email Address	
City	State	Zip Code	14. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE
Stratford	CT	06615	Website
16. TREASURER NAME			
First Name		MI	Last Name
Thomas		G	Cotter
Suffix			
17. TREASURER RESIDENCE ADDRESS			
Address			
42 Pauline Street		City	State
City	State	Zip Code	Zip Code
Stratford	CT	06615	
19. TREASURER TELEPHONE			
(Include Area Code)			
(203) 814-7545		tgc@thomascotterlaw.com	
20. TREASURER EMAIL ADDRESS			
21. DEPUTY TREASURER NAME			
First Name		MI	Last Name
Suffix			
22. DEPUTY TREASURER RESIDENCE ADDRESS			
Address			
City		State	Zip Code
24. DEPUTY TREASURER TELEPHONE			
(Include Area Code)			
25. DEPUTY TREASURER EMAIL ADDRESS			
26. DEPOSITORY INSTITUTION NAME			
The Milford Bank			
27. DEPOSITORY INSTITUTION ADDRESS			
Address			
3651 Main Street		City	State
		Stratford	CT
Zip Code		Zip Code	
06614		06614	

REGISTRATION TYPE	CANDIDATE NAME
<input checked="" type="radio"/> Initial <input type="radio"/> Amendment	Christopher J Pia

28. CERTIFICATION

Candidate

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this candidate committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.



 CANDIDATE SIGNATURE

4/1/19

 DATE (mm/dd/yyyy)


Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated treasurer of this candidate committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.



 TREASURER SIGNATURE

4/1/19

 DATE (mm/dd/yyyy)

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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Deborah M. Fawcett

Stratford Town Clerk

ELECTION FILINGS

File # 2019-7